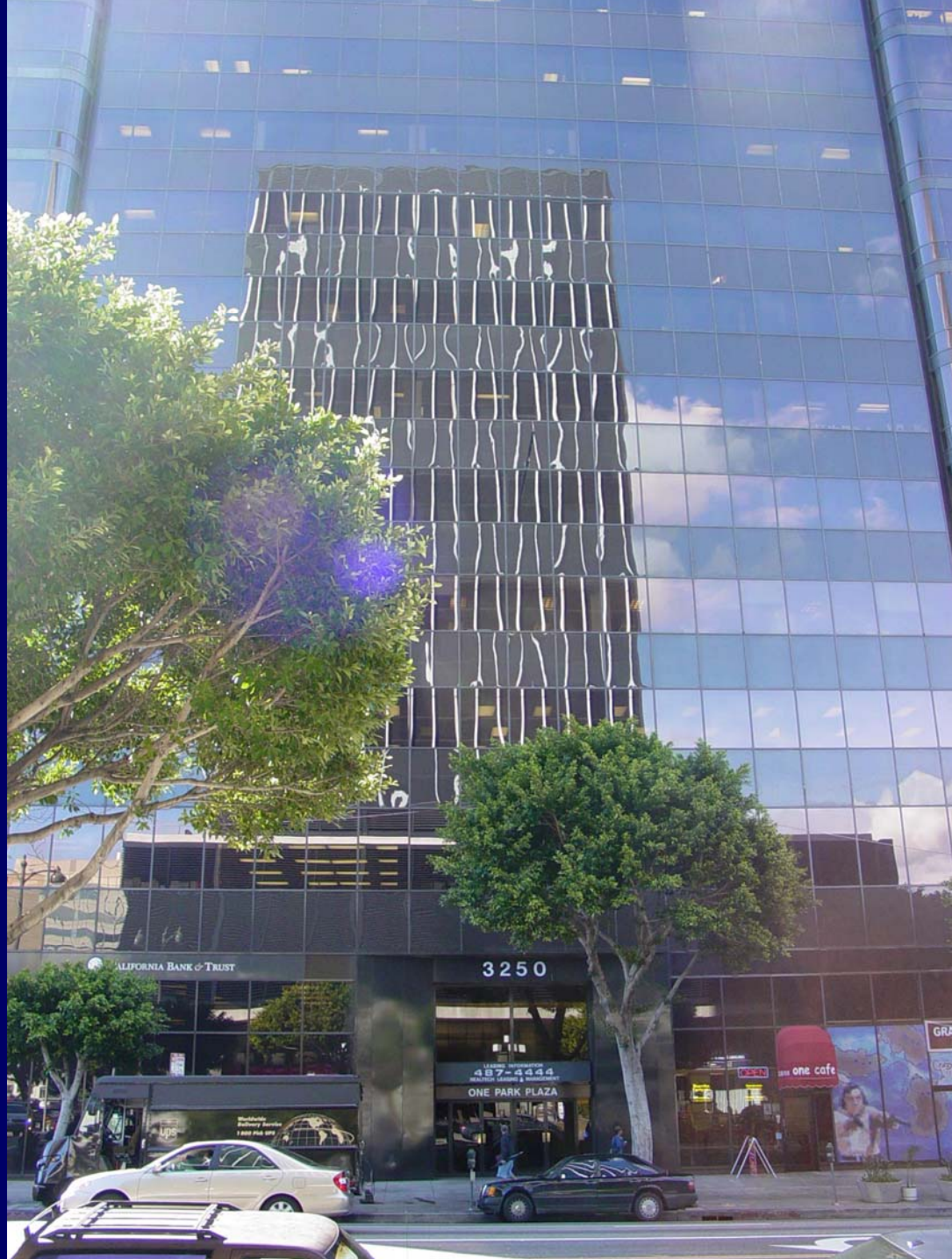


# Center for Community Mental Health Childrens Hospital Los Angeles

presented to LAC DMH providers July 15, 2008





# Center for Community Mental Health Overview

- Mental Health Center's primary focus is upon delivery of behavioral health and mental health services
- Broad spectrum of underserved populations throughout community
- Decades-long relationship with the Los Angeles County Department of Mental Health

# Why a Mental Health Services in a Pediatric Hospital?

- Over 50% of mortality from the 10 leading causes of death can be traced to behavior (Healthy People 2010, HRSA, 2001)
- 6 of the leading health indicators are behaviorally based: substance abuse, tobacco use, injury and violence, physical activity, obesity, sexual behavior

# CHLA's Center Mental Health Service Mission

- MH Center serves infants, preschool children, school aged children, adolescents and their families.
- Primary support is contract LAC/DMH
- Current contract with LAC/DMH is approximately \$10 M.

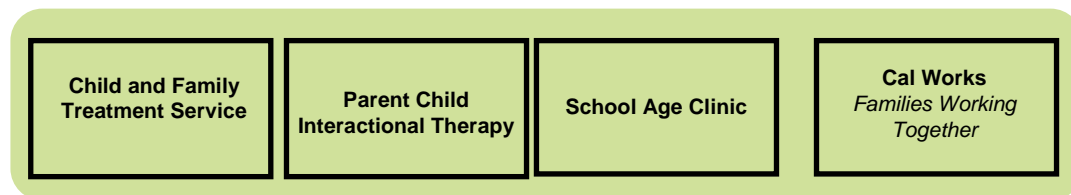
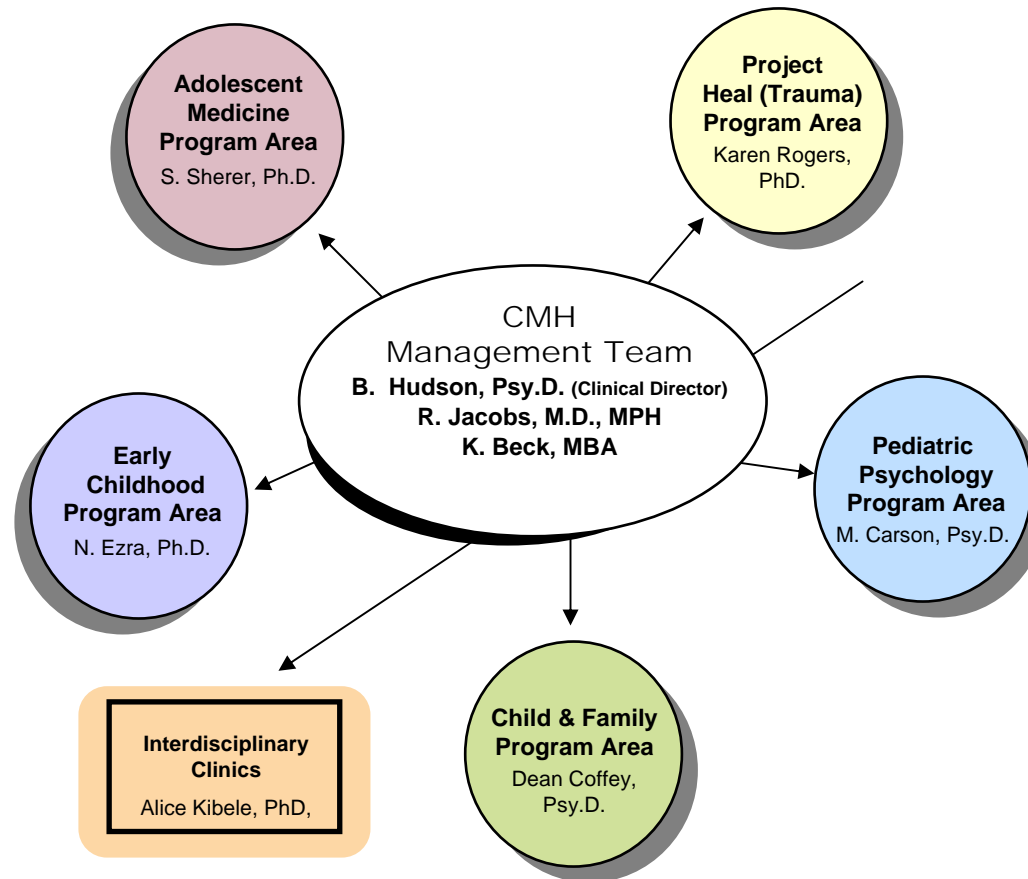
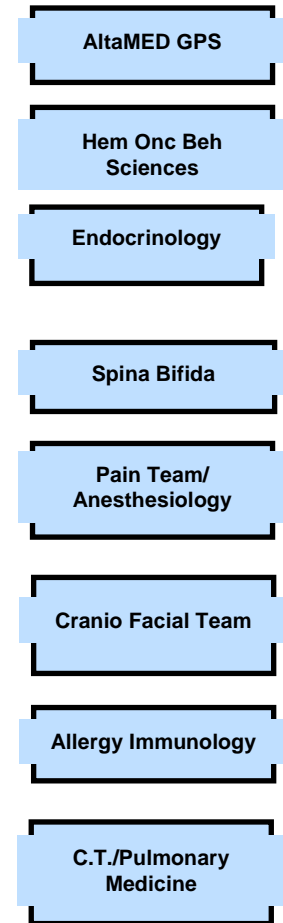
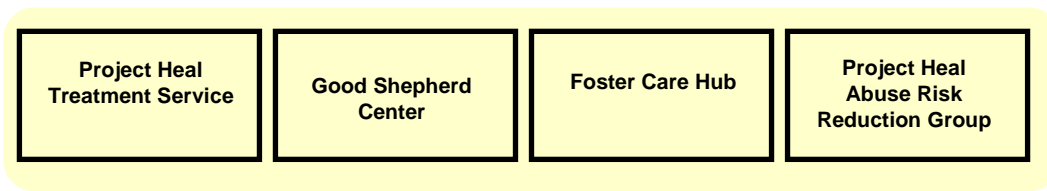
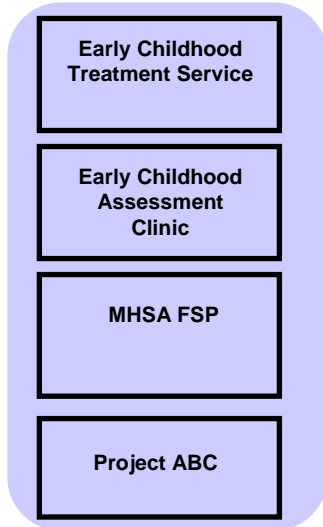
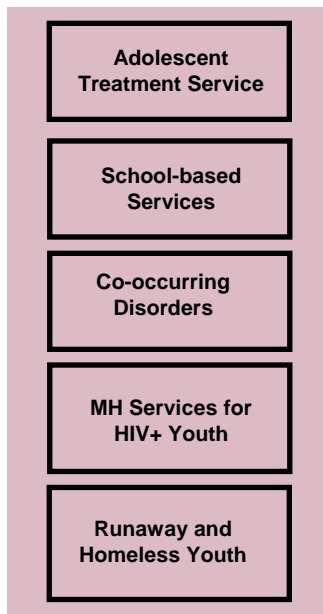
# CHLA's Center Mental Health Teaching Mission

- Mental Health Center currently provides funding support to Psychology and Social Work Internship/Fellowships with over 40 full-time and half-time trainees.
- The MH Center's Training programs have developed a national reputation. Accredited Internship was amongst first in nation to receive HRSA GPE Funding.

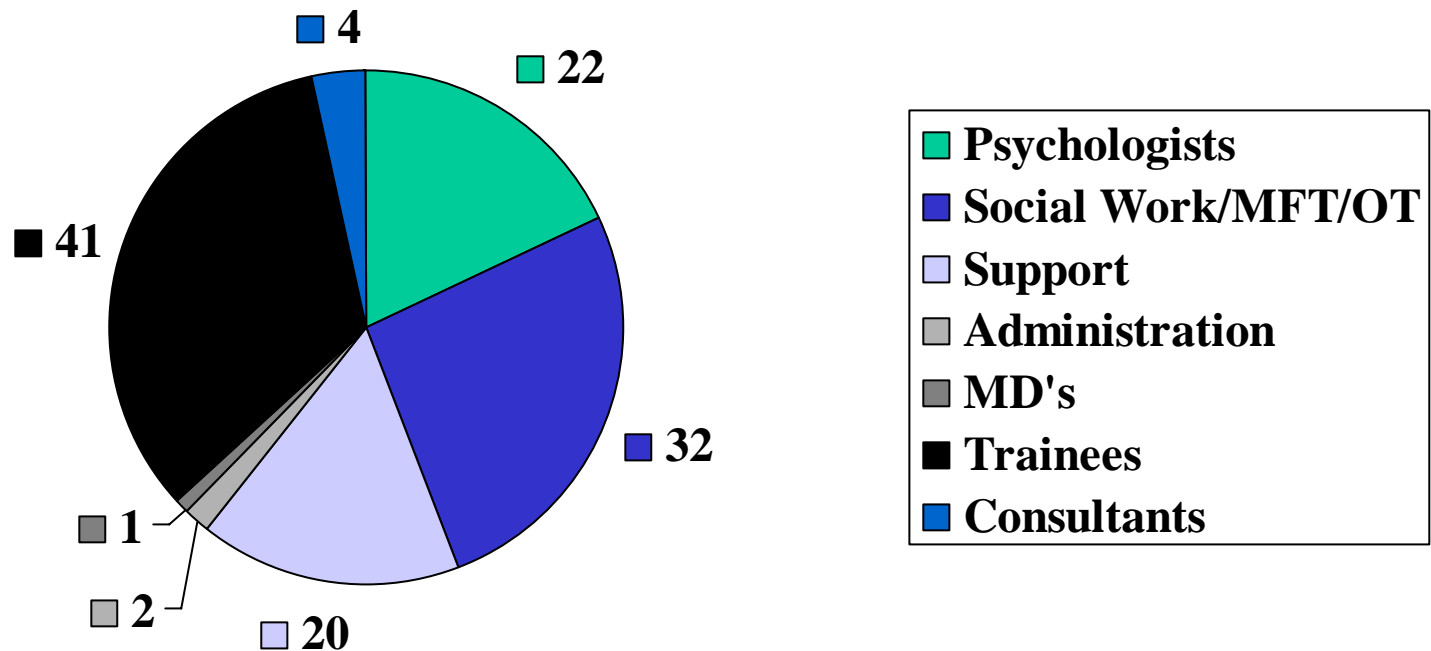
# Center for Community Mental Health Funding Overview

- Consistent with other CHLA clinical services, the great majority of patients served have Medi-Cal as primary health insurance.
- Since 1994/5, CHLA Mental Health Center expands service to Medi-Cal patients eligible under Federal Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program
- CHLA Mental Health Center serves AB 3632, CalWORKs, Healthy Families, Foster Care Hub
- In 2007, CHLA competed successfully for MHSA/FSP grant.





# Total FTE's





# Lessons Learned

---

Childrens Hospital Los Angeles

---

# Implementation Process: Testing

---

- ✦ Existing Electronic Health Record
- ✦ Clean Up Data
- ✦ Began testing with smaller provider
- ✦ Programmers worked closely with DMH to test our billings
- ✦ One year of testing



# Implementation Process: Data Cleanup

---

- ✦ Very few billings were EDI Billable
- ✦ Worked off an EDI Checklist
  - ◆ Minimum requirements for EDI billings
- ✦ Manually submit billings before EDI

# Day to Day Operations Changes

---

- ✦ No daily billing input
- ✦ Timing of clinician entries
- ✦ Concentration on quality of data
- ✦ More time for case openings and closings



# Policy Changes

---

- ✦ Clearly define the roles of each user
- ✦ Defining where records can be accessed
- ✦ Hard Copy chart requirements
- ✦ Electronic signature

# Reconciliation Process

---

- ✦ IS Reports
- ✦ SIFT
- ✦ EDI Status
- ✦ Financial Counselors



# Challenges

---

- ✦ Group billings easier to submit but harder to work denials
- ✦ Harder to void claims
- ✦ Clinicians need to monitor when they enter things
  - ✦ Diagnosis and case opening
- ✦ Track billings by batches
- ✦ Case Closing takes longer
- ✦ Matching data to Meds

# Benefits

---

- ✦ Billings submitted weekly, no matter the volume
- ✦ Data entered in one location
- ✦ More time to focus on eligibility issues and denied claims
- ✦ Less staff needed
- ✦ Clinicians and staff can both view status of billings
- ✦ Less input errors by administrative staff
- ✦ No conflict with IS being “slow”
- ✦ Less repetition of tasks
  - ✦ Eligibilities
- ✦ More accurate data easily accessible
- ✦ Clinicians driving billings



# Advice

---

- ✦ Make your system accessible
- ✦ Have safeguards in place
- ✦ Run reports regularly to compare data with IS
- ✦ Have built in ability to make changes to your system
- ✦ Easy access to help with your system
- ✦ Have Clinician actively involved in development